

County Verification of Business Location (State Form 44184 (R5/12-11))

PLEASE PRINT CLEARLY

Customer Details

Contact Name: _____

Company: _____

Address: _____

E-mail Address: _____@_____ . _____

Telephone #: (_____) _____ ext: _____

Fax #: (_____) _____

Application Details

Name of Business: _____

DBA (if different): _____

Is this a new or transfer license? New Transfer

Was there a prior license at this location? Yes No

If Yes, what name was on the license? _____

What type of License are you applying for?

_____ Airport/Rail Road Station

_____ Bottler

_____ Catering Hall

_____ Civic Center

_____ Dining Car

_____ Distiller

_____ Drug Store

_____ Farm - Winery

_____ Farm - Winery Satellite Dealer

_____ Fraternal Club

_____ Grocery

_____ Horse track Satellite Facility

_____ Hotel

_____ Indiana State Fairgrounds

_____ Micro Wine Wholesaler

_____ Package Store

_____ Race Track

_____ Rectifier

_____ Restaurant

_____ Riverfront

_____ Small Brewer

_____ Social Club

_____ Type 2 Gaming Endorsement

_____ Type 2 Gaming Distributor

_____ Wholesaler

_____ Other _____